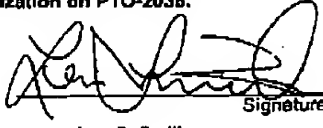


PTO/SB/31 (09-04)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 5866.200-US					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>10 Dec. 2004</u> Signature _____ Typed or printed name <u>Csaba Szakolczai</u>		In re Application of <u>Buch-Rasmussen</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number <u>09/550,857</u></td> <td style="padding: 2px;">Filed <u>17 April 2000</u></td> </tr> </table> For <u>DRY, MOULDABLE DRUG FORMULATION</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Art Unit <u>1623</u></td> <td style="padding: 2px;">Examiner <u>WARD, Paul V.</u></td> </tr> </table>		Application Number <u>09/550,857</u>	Filed <u>17 April 2000</u>	Art Unit <u>1623</u>	Examiner <u>WARD, Paul V.</u>
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Art Unit <u>1623</u>	Examiner <u>WARD, Paul V.</u>						
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>500</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>14-1447</u>. I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </div> <div style="width: 15%; text-align: right;">\$ _____</div> </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>							
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input type="checkbox"/> attorney or agent of record. Registration number _____ <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>43,139</u>							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		<div style="text-align: center;">  Signature <u>Len S. Smith</u> Typed or printed name <u>809-919-7760</u> Telephone number <u>10 Dec. 2004</u> Date </div>					
<input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted.							

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Signature _____

Typed or printed name Csaba Szakolczai

In re Application of

Buch-Rasmussen

Application Number
09/550,857

Filed 17 April 2000

For DRY, MOULDABLE DRUG FORMULATION

Art Unit 1623

Examiner WARD, Paul V.

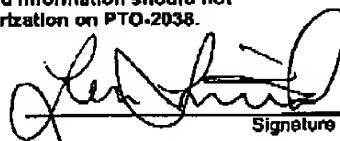
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\$ 5500

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Registration number if acting under 37 CFR 1.34. _____

Len S. Smith

Typed or printed name

609-919-7760

Telephone number

10 Dec. 2004

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